Wake County, North Carolina
referral@wellspringintervention.com
Licensed under 10A NCAC 27G .1700

Medication Administration Consent

Consent for psychiatric and prescribed medication management

Form ID: WSI-F05

Consent for the administration of prescribed medications during the child's stay.

CHILD INFORMATION

Child's Name: _____ **Date of Birth:** _____

PRESCRIBING PSYCHIATRIST

Psychiatrist Name: _____ **Phone:** _____

Practice: _____ **NPI:** _____

CURRENT MEDICATIONS

Medication	Dosage	Frequency	Purpose

CONSENT

- ■ I consent to all medications listed above as prescribed
- ■ I consent to OTC medications per WSI standing orders
- ■ I consent to emergency medication as directed by a physician
- ■ I request notification before any new medication is started

Guardian Signature	**Printed Name**	**Date**
WSI Nurse / QP Signature	**Printed Name**	**Date**